File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Reset Form

IA ETHICS AND CAMPAIGN DISCLOSURE BD.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be				T 700 AM II	1. 7 13
(same as on Statement of Organ	nization)	-2008 OC	T 20 AM 10)· <u>2</u> 0
	Democratic Centre		lг	FORM	1 1 1 1 1 1 1 1 1 1 1
			-	DR-2	DISCLOSUR
(4)County Central Committee (5)	anding for Retention Candidate (2)State PAC (3)State Party		Rev. 07/2007)	REPORT
Subdivision Candidate (8) County 11) Local Ballot Issue	PAC (9) City PAC (10) School B	ate (7)School Board or Other Polit pard or Other Political Subdivision P	cal AC (or Office Use On	Y 000./
CANDIDATE COMMITTEES O				Comm. #	9004
Candidate Name	·	Political Party (if applicable)		ogged in KIS	· · · · · · · · · · · · · · · · · · ·
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Office Sought		District (if Senate or House)	1 1	computer	
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A	civil and cilininal penames, Purs	uant to Iowa Code sections 68B.3	2A(7) and 68	3A.401(3), the car	ndidate, for a
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IGNATURE OF PERSON FILIN	G REPORT	563-586-2000	-	10-17-0	<u> 18'</u>
		TELEPHONE		DATE SK	
AM FILING A October	19. 2008	REPORT FOR (1) ELECTIO	M. KONNON		
(repo	rt date)	Indicate b	M /(2)NON-	ELECTION YEA	R.
CHECK IF AMENDMENT TO I	REPORT DATED	muicate b			
			Local Com	mittees, enter Date	of Election
Check if this is final (termination)	n) report and attach Notice of [Dissolution Form DR-3.			
(You must continue to fi	e reports until a DR-3 is filed.)		County & L	ocal Committees, o	enter County in
		* e	Which Elect	rut: to Hotu	
				lamakee	
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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Rectount	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
		X THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization) Vemocratic amakee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBLITES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT	√ IF FO FUND RAISE
07/17/08	CK# /9/4	Colleen Gragg 601 5th Ave SW Waukon IA 52172	1 (42 × 1 × 1) (4 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 ×	\$ 100 00	INCOA
07/17/08	ID#	Robert Maust, Jr 418 2 nd St NE New Albin IA 52160	e de la companya de l	5000	
7/17/08	CK#	Unitemized cash donations		17700	
7/17/08	CK# / Let 12% (Asy).	Johnson County Democratic C.C. PO Box 1773 Iowa City IA 52244		11000	
8/11/08	ID#	Sales and unitemized cash donations Lansing Fish Days	Maria de Compresso Maria de Compresso Maria de Compresso	11200	
9/03/08	ID#	Judith, Engle 802 W. Mbin St #205 Waukon IA 52172		10000	
7/28/08	ID# CK#	Interest on savings Waukon State Bank		135	
_/ /	ID# CK#	Interest on savings Waukon State Bank		120	
alaole al	ID# CK#	John + Bonnie Smola 304 Scott Hallow Rd Monona IA 52159		10000	
7/08/08	D#	Unitemized cash donations Women's Event	in the second se	3500	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page (for Schedule A)

For instructions, See Back of Form

CONTRIBUTIONS MONEY TAKEN IN	Reset Form	SCHEDULE		1
(Including candidate's personal funds)	The state of the s	(Rev. 07/03)	MONETARY RECEIPTS	
COMMITTEE NAME (Must be same as on Statement of Organization)		CHE	X THIS BOX IF	
Allamakee County Democratic Central Committee		AMEN	IDING FORM	
TATE CANDIDATES NOTE: IF A CONTRIBUTION IS DESCRIBED TO A COMMITTEE	Parkaga and Parkaga			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

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(if (MM/DD/YR) AND	ID NUMBER applicable) PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FO FUND- RAISEF
09/22/08 CK#		Pat Ward 446 Buffalo Rd Naterville IA 52170		\$ 10000	INCOM
09/23/08 CK#		nitemized cash donations		7000	
09/26/08 CK#	V.	itemized cash donations		2000	
0/11/08 CK#	V.	nitemized cash donations		2000	
0/14/08 CK#		dvance ticket sales for und-raiser dinner	on the developed by the order to see this time of each	9000	V
19/27/08 CK#	I,	nterest on savings account lankon State Bank		175	
ID#					
ID# CK#					
ID# CK#					
ID# CK#				1	
		gen dan beredakan menggi	e di di		

TOTAL (if last page of this schedule)

Page _of_ (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC AME	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Allamakee County Bemocratic Central Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/24/08	ID# CK# 543	Postville Food Pantry Postville, Iowa	Support Food Pantry	\$ 220 <u>00</u>
08/13/08		Bill Knudson (Buttons + More) 6552 Buckeigh Rd Lake A Wylie SC 29710	Campaign buttons	2650
8/28/08	ID# CK# 545	Karen Pratte 1627 Brady Dr Waterville IA 52170	Reimburse For Insty Print bill	192 86
9/22/08	ID# CK# 546	Crawford County Democrats % Phil Mueller, Chair 51468 Co.Rd C Soldiers Grove WI 54655	Yard signs	225.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	D#			

TOTAL (If last page of this schedule) \$ 11.436

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to

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